



## New metaphysics in Serbian rehabilitation medicine

### Nova metafizika u srpskoj rehabilitacionoj medicini

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The worst beings for Allah are those who are deaf and mute, and who will not understand <sup>1</sup>.

#### Introduction

Metaphysics is philosophy. This is a story of reality. If we say it in Serbian language, its metaphorical meaning is that something does not exist, that it is completely unrealistic. We should be careful with the word metaphysic. This word could mean: “the finding of bad reasons for what we believe upon instinct” <sup>2</sup>. Metaphysical opinion is hard and work in accordance with this opinion is even harder. Metaphysical societies, which were founded by some philosophers, priests, biologists, critics and politicians quickly collapsed <sup>3</sup>. To all appearances, philosophy is the sky and medical science is the Earth. If this is correct, then metaphysic is another galaxy for the medical science. Is this true? Do we know that “every truth needs a truthmaker <sup>4</sup>”? Are we considering “the thutbearers <sup>4</sup>”? Some philosophers claim that metaphysic introduces us into the world liberated from all rules <sup>5</sup>. This is important both for philosophy and medicine because: “Where physics ends, the problem does not end <sup>6</sup>.” One philosopher of science regards that all science is pervaded by metaphysics. Especially if we take into consideration mathematics and natural sciences <sup>7</sup>. This claim is sustained by some experts in biometaphysics: for example, the gene ontology is a part of many biological and biomedical studies <sup>8</sup>. We can talk, for example, about cognitive psychology, the changing of the neurological code into the cognitive code, but the questions of consciousness, understanding and learning are scientific as well as philosophical and metaphysical questions <sup>9</sup>.

Which philosophical questions are essential for biomedicine? It is understandable that medicine is possible without questions such as: does God exist and what about life after death, where does the cosmos originate from and where does it expand; or, does a human being have the gene predestination or is free will possible? However, it would be hard to imagine medicine without the following philosophical and metaphysical questions: what does one ideal society look like; what is the truth, righteousness, good, evil, causality or should one be an honest man <sup>10,11</sup>? Rehabilitation medicine is a skill of teamwork rehabilitation of disabled people <sup>12</sup>. It has its own philosophy <sup>13</sup>. Physiatry or rehabilitation medicine is the most sociable specialization among all medical specializations. Namely, a great number of medical and nonmedical workers are engaged around a patient and their family. Psychiatrists, physiotherapists, nurses, occupational therapists, psychologists and speech therapists are included in the medical core of the rehabilitation team <sup>14–17</sup>. But the nonmedical core, the so-called “sociable part” of the rehabilitation team, is much larger. It consists of social workers, art therapists and counselors <sup>15</sup>. There are residential adaptations engineers and assistive technology engineers <sup>17</sup>. There are music therapists, dance therapists, horticultural therapists, and experts for homeopathy, osteopathy, healing touch as well as Western herbalism <sup>16,18,19</sup>. Finally, there are teachers and chaplains as experts on religiosity and spirituality <sup>15,16</sup>. How are these experts incorporated into the harmonious whole in terms of reaching rehabilitation aims – it is a philosophical, sometimes also metaphysical, question. In that respect, numerous problems exist in the world rehabilitation practice and the European rehabilitation practice, too. These are most commonly organizational-teamwork problems having to do with a small number of rehabilitation leaders and their unclear role <sup>20</sup>. There are also prob-

lems connected with the rehabilitation philosophy. Specifically, fragmentizing the rehabilitation medicine and fragmentizing its ethic<sup>21</sup>. The roles of members of the rehabilitation team are being carefully reconsidered. The domain of the rehabilitation work and the funding of rehabilitation are being discussed. Robotics and new technologies are in the focus of researchers in the rehabilitation medicine today. The telerehabilitation and the community based rehabilitation are being developed. Experts in the rehabilitation medicine are trying to narrow the gap between the rehabilitation science and practice<sup>17</sup>. The rehabilitation philosophy requires the members of the rehabilitation team to pay attention to disabled people's personal factors and the environmental factors as well (ICF Classification). Besides others, religiosity, spirituality and art are these contextual factors<sup>22</sup>.

Language is culture. It is the symbol and the sign of culture<sup>23</sup>. Symbols, money and signs float around us<sup>24</sup>. Medicine is culture, too. The word metaphysics has a literal and metaphorical meaning. Let us use this word in its metaphorical meaning. And let us say: religiosity, spirituality and philosophy are metaphysics for Serbian rehabilitation medicine. These notions do not exist in Serbian rehabilitation medicine. This is our old and sad metaphysics. What is happiness? The notion of happiness and the suppositions of happiness are well defined by philosophers. These are health, food, place of residence, love and the respect of one's own nation<sup>25</sup>. These matters are metaphysics for the average Serbian citizen today.

Rehabilitation medicine here has a long tradition<sup>26</sup>. Today the circumstances in our rehabilitation are worrying. These circumstances are: poverty, bad organization of rehabilitation work, great inflow of patients, educational problems, lack of rehabilitation leaders, political influence in the choice of the top rehabilitation management, corruption and the dampening of the rehabilitation spirit on the whole<sup>13</sup>. Education in the rehabilitation field is an enormous problem, especially education of all members of the rehabilitation team. It is hard to say which of these problems is bigger: the rehabilitation programs themselves or the teachers who should carry out these programs. Having in mind the philosophical question – who trains educators<sup>27</sup> – the problem of education in the Serbian rehabilitation is both a medical and a philosophical problem. We need new metaphysics for the Serbian rehabilitation medicine. This means, alongside everything else, the introduction of religiosity, spirituality and philosophy in the rehabilitation theory and practice. We are struggling for our rehabilitation identity. In this struggle and aspiration to symmetry there are elements of metaphysics. The identity in the being itself, the struggle and the symmetry are the three main metaphysical principles<sup>28</sup>. This work has the aim to explain the necessity for humanities in Serbian rehabilitation medicine according to the famous Buddhist question: “Do you put your being at disposal to the enormous human suffering, oh, candidate of light<sup>29</sup>?”

### **Crippled world**

Our world is a crippled world. This is the world which “suffocates all authentic forms of human mind such as

religiosity, philosophy and art<sup>24</sup>.” This world is characterized by alienation and instrumentalisation of human beings. The business and the technical models dominate. The crippled world suffers from maximal individualism, egoism and neglect of interest for future generations<sup>30</sup>. This is the state of cultural and ethical relativism. This is one distorted materialistic civilization “without an ear for all which is not measurable<sup>31,32</sup>.” It is known, even from Plato's time: this rampant egoism leads us to misery<sup>33</sup>. Similarly to the man in Pascal's era, the modern man is unstable and upset<sup>34</sup>. Europe today is a space of the civic culture and the lay culture which have replaced the dominant Christian culture<sup>35</sup>. Even though the European Christian culture has been replaced by the lay culture, religiosity in Europe will not be extinguished. Religiosity is alive even in this era of globalization, whose main question is: “Who gets what, how and when<sup>36</sup>?” Religiosity is an important carrier of culture<sup>37</sup>. It did not die in the communism, nor will it die in this civic, lay and global Europe<sup>38,39</sup>.

Invalids in Serbia live in this crippled world. They are strangers in their own skin. Their world is the world of fear. Fear is the most important goods which is being produced by the mass media<sup>40</sup>. The dominant form of this fear is the fear of uncertain future. This is rational fear. Poverty is our present. Debt, banks and bankers are our future as well as our children's future<sup>41</sup>. Invalids here live from day to day, from case to case. Talking in the language of Karl Jaspers, in terms of the philosophical notion of the word “case”, we could say that life in Serbia has been one long borderline situation for the last decades<sup>24</sup>. This metaphysical life is not reality only for our invalids, of course, but for all citizens in Serbia, consequently for members of the rehabilitation team, too. Serbian philosophers call this life the life in the black but accepted banality<sup>42</sup>. The crisis of identity has had an epidemic proportion in this crippled world<sup>43,44</sup>. This is the crisis of individual and collective identity. In this world there is a yearning for freedom and there are rare few persons who dare to be extraordinary<sup>45</sup>. Postmodernism, bureaucracy and globalization are taking their toll<sup>46-49</sup>.

What about identity of invalids in this world of virtually created false impressions? This is the world of calculated persons<sup>50</sup> and the world of confirmed simulacrum where identity theft is not metaphysical, but bitter reality<sup>51</sup>. Today, the Bacon's idols of the marketplace and the idols of the theatre<sup>24</sup> are joined into the idols of the “steal cobweb”. The “steal cobweb” is a metaphor for the misconceptions into which we have been drawn by the virtual world and the Internet. Researchers in the medical anthropology are dealing with a cultural and ontological aspect of invalidity. It is recognized that physical suffering is a threat to the ontological security of invalids who, in turn, become suspicious toward their own culture, being and identity<sup>52</sup>. The Movement of Invalids emphasizes the importance of notions such as subjectivity, knowledge and spirituality for disabled people<sup>53</sup>. In our country, there are a lot of disabled people in the old population. Similarly to other parts of the world, they are a socially discriminated category<sup>54</sup>. Nevertheless, this is a category of patients with the pronounced religious needs<sup>55</sup>.

Is there anybody in the average Serbian rehabilitation team who could satisfy these needs. Unfortunately, no!

The idols of the “steal cobweb” are a current issue especially in this era of liberal capitalism. The scientific world today discusses the nonsense called medicine completely turned to the market<sup>56</sup>. This nonsense is still one of the “mantras” of the crippled world. We can merely imagine what this completely trade medicine would look like in Serbia. But, everything is possible! Nietzsche wrote about the culture of lie which easily becomes the law<sup>57</sup>. In this completely trade medicine here, the invalid would be a by-product of the industry of money which would, unfortunately, have the stethoscopes but which would not listen to anybody. A biopsy of patient’s wallet would probably be the first care of a physician<sup>56</sup>. This is a completely foreseeable metaphysics.

### Why and how religiosity and spirituality in our rehabilitation medicine?

Religion is fear of God, love for man and a conscience. It is: “a system of beliefs, practices and symbols designed to facilitate closeness to higher power<sup>58</sup>”. “Spirituality is the quest for understanding life’s ultimate questions and the meaning and purpose of living<sup>58</sup>”. Religiosity in Serbia today is an “old wine in a new bottle<sup>59</sup>”. Science has proved a significant relationship between religiosity/spirituality and health<sup>60-80</sup>. These are mainly qualitative researches with the correlation designs. The value of pastoral care has also been confirmed by the randomized controlled trials<sup>76</sup>. Researches direct their attention to the medical prevention, diagnosis and therapy. Samples are varied, from several participants<sup>75</sup>, to even 37000 participants in the famous Baetz and Bowen<sup>81</sup> study on religiosity and the chronic pain<sup>62</sup>. In the statistical analysis, as a rule, compound statistical methods, mostly the regression analysis, are used<sup>58, 61, 68</sup>.

Much more has been written and published on spirituality, and religiosity and spirituality, than only on religiosity<sup>82</sup>. Religious students and young people misuse alcohol less and have a lower level of risky behavior<sup>65, 67, 68</sup>. Physicians, nurses and students of medicine with a high level of education are less religious<sup>83</sup>. Religiosity and spirituality help nurses in their daily work<sup>84, 85</sup>. Chaplains, as the carriers of pastoral support, mostly have contact with nurses<sup>86</sup>. The physicians-residents in family medicine and the occupational therapists are in need of special education in religiosity and spirituality<sup>87, 88</sup>. Some medical leaders have inner conflict between religiosity and capitalistic ethos<sup>88</sup>. Religiosity affects daily physicians’ practice<sup>89</sup>. Patients want to share their religious experiences and habits with physicians<sup>61</sup>. A full cooperation with persons engaged in the pastoral care is recommended to medical workers<sup>63</sup>. Chaplains consider that there is an antagonism between physicians and themselves<sup>90</sup>.

Professor Harold G. Koenig, the most authoritative in the field of religious medicine, defined religion-health problem, condensed its causes and gave us suggestions for its solution. Religiosity of patients is being neglected in the daily clinical practice<sup>91</sup>. The main problem are physicians who: a) do not believe that they should waste their time and energy on religious questions; b) have no time and c) are afraid of crossing the professional borders<sup>86</sup>. Professor considers that the solution is in the religious and spiritual education of physicians and in the real multi-, inter- and transdisciplinary model of team work<sup>91</sup>. Religiosity and spirituality can be measured (Table 1). New metaphysics of Serbian rehabilitation medicine is based on these recommendations. The expression “new metaphysics” in medicine was created by Mr. Bruce Eperly who has written about process-relational metaphysics<sup>92</sup>. It is the physician-patient relationship which implies a full religious and spiritual interaction. The Serbian rehabilitation medicine should base its work on these postulates.

Table 1

Clinical tools for measuring religiosity and spirituality		
The first author (Ref)	The title of the article and a journal	Clinical tool
Koenig HG. (58)	• Religion, spirituality and health service use by older hospitalized patients. <i>J Relig Health</i> 2003; 42(4):301–14	• Daily spiritual experiences scale (DSE)
Hall DE. (120)	• Measuring religiousness in health research: review and critique. <i>J Relig Health</i> 2008;47	• Duke Religion Index (DUREL) • Spiritual beliefs inventory (SB1-15R)
Hyman C. (59)	• Definitions and evaluation of religion and spirituality items by religious professionals: a pilot study. <i>J Relig Health</i> 2006; 45(2): 264–82.	• Personal religiosity inventory • Religious maturity scale
Makros J. (77)	• The relationship between religion, spirituality, psychological adjustment, and quality of life among people with multiple sclerosis. <i>J Relig. Health</i> 2003;42(2):143–59.	• Spiritual experience index • The brief measure of religious coping (B-RCOPE)
Kretchy I. (80)	• Spiritual and religious beliefs: do they matter in the medication adherence behavior of hypertensive patients? <i>BioPsychoSocial Med</i> 2013; 7(1):15.	• Spiritual perspective scale (SPS)

From the anthropologic point of view physicians and patients are moving inside the hermeneutical cultural circle<sup>93</sup>. Considering that psychiatry is the most sociable medical specialization, our rehabilitation programs are too narrowly designed. We have to introduce, in the first place, education in religiosity and spirituality to our resident (doctor) curricula. This would not be advocacy of “introducing the Christian-conservative revolution”<sup>94</sup> to the Serbian medical rehabilitation, this would be an attempt to correct a long-lasting injustice. If there is only one believer among rehabilitation patients, then a denial of the pastoral care to them is injustice. What should we do? Priests, sociologists and philosophers should be engaged in teaching religious and spiritual systems of the Eastern and Western world<sup>95-97</sup>. Priests or imams, who work in our hospitals and rehabilitation centers, would have to pass courses in clinical work and staff communication. These courses would be held by physicians, psychologists, and social workers who have experience and knowledge of religious and spiritual medical issues. The success of this new metaphysics in our rehabilitation medicine depends on rehabilitation leaders. They must work on the three strategic levels. Firstly, the doors of our clinical and rehabilitation centers should be open for a truly pastoral work. Secondly, a religious-spiritual anamnesis should become an obligatory part of the patient’s history. Thirdly, imams, priests and clinicians together, should carry out clinical trials and publish their results.

#### **Why and how philosophy of medicine in our rehabilitation medicine?**

“Philosophy of medicine is not a school of philosophical thought but the end and purpose for which philosophy is applied to medical topics<sup>98</sup>.” These are the words of Edmund D. Pellegrino, one of the pioneers in philosophy of medicine. Medicine is not merely ethics. There is also logic, philosophy of science, epistemology, aesthetic and metaphysics. The philosophy of medicine has an equal importance both for medical workers and patients. By means of studying philosophy of medicine, medical workers acquire an essential breadth of perception. Without this, it is hard to imagine medicine as a truly humanistic science. Besides medicine and philosophy of medicine, the experience of human suffering is covered by literature, history, philology and theology<sup>97</sup>. It has been proved that people, who participate in religious societies, recover more quickly after diseases and injuries and live longer<sup>99</sup>. Philosophy and religiosity rise our hope and contribute to our understanding of life<sup>100</sup>. It is well known that most people have spiritual life and want to discuss it<sup>101</sup>. Philosophy of medicine helps medical workers to pay attention to contextual factors in treatment and rehabilitation of patients<sup>102</sup>. Philosophy reminds us that medicine is love with all love’s modalities<sup>103-106</sup>. Medical workers are fighters for human goodness. Philosophy and religion help us reach this goodness and keep peace with ourselves<sup>107, 108</sup>. From the philosophical point of view one thing is clear: philosophy should be introduced into medicine because the trouble with the meaning of life never ends<sup>109</sup>. Toynbee and Ikeda<sup>110</sup>, the famous historian and the famous Buddhist, claim that the only way to avoid the quandaries of modern me-

dicine is humanism based on religiosity. Seneca<sup>111</sup> said a long time ago: to be healthy means to be engaged in philosophy.

A need for humanities as a part of medical education has been noticed. Pellegrino<sup>98</sup> states that out of 125 medical schools in the USA, some kind of humanistic programs are offered in 118. It is considered that humanities stimulate free thinking, develop imagination and create an experience of closeness to being<sup>98</sup>. Humanities in the classical sense – *Studia humanitarum* – are the study of literature, philology, history and philosophy<sup>98</sup>. This kind of education is important for all medical workers, especially physicians. Especially in this “Post-Evangelical Period”,<sup>98</sup> the Medical Faculty of the Military Medical Academy in Belgrade offers this kind of education. Medical workers do not have a broad enough approach to patients. Chaplains, priests, imams – as the religious-spiritual persons in medical staff – are not completely ready for the clinical work<sup>112</sup>. Because of that, elements of humanities have been introduced in the general practice and the rehabilitation medicine of developed countries. These are rehabilitation programs ennobled by music, songs, prayers and reading of artistic and religious literature<sup>113</sup>. Humanistic sciences help us develop love, firstly towards ourselves, secondly towards other persons and other opinions and attitudes<sup>114, 115</sup>. Philosophical education for members of the rehabilitation team is their elixir of youth. Philosophical spirit does not allow a medical worker to one day become an impassive cynic and a vain expert<sup>116</sup>.

The essentials of humanities should be introduced into the specialist curricula of the Serbian rehabilitation studies – the philosophy of medicine in the first place. These courses should be held by philosophers, sociologist and physicians who have additional humanistic education. Not only would medical ethic be studied in these courses. Medical logic, epistemology, aesthetic, philosophy of science and – why not! – metaphysics could have importance for members of the rehabilitation team. The first task of these humanistic studies would be the study of life. Participants in these courses should study how to use a philosophical way of thinking in resolving certain medical problems. All humanistic issues, theoretically covered by these courses, would practically be checked throughout the case studies, a contextual attitude and a phronetic scientific frame<sup>117</sup>. “Damned be the one who teaches his son the Greek wisdom”<sup>118</sup>. We respect the Jewish religion but we cannot accept this quotation from the Talmud. The questions asked by old Greeks are also current today for members of the Serbian rehabilitation teams – alongside with the medical knowledge and skills. These questions are: what is good and what is evil; what is the truth and how can we recognize the truth; what is righteousness; what is causality; what is the cosmos and where does it expand; what is the role of language and finally, and should one be an honest man<sup>11</sup>.

#### **Conclusion**

New metaphysics of Serbian rehabilitation medicine is the struggle against alienation, inaccessibility, superficiality

and dehumanization of this splendid medical specialization. We need education in humanities for all the members of the rehabilitation team. Introduction of humanities in Serbian rehabilitation medicine is the introduction of religiosity,

spirituality and philosophy of medicine in daily rehabilitation. "Oh faithless generation, how long shall I be with you <sup>119</sup>?" Because of that, believe in God, believe in man and let us be on our way.

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